

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021240  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1613

FILED JUN 11 1962

VS 300  
Rev. 4/59

1 4600  
2 8120

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4 0

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9 463XA

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12 48-0

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>WARREN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		Length of stay in lb <b>119 DAYS</b>	c. CITY OR TOWN <b>MONMOUTH</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>308 SO. E.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>H.</b> Last <b>BOWLING</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>28</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>3-1-1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>POTTERY MANUFACTURE</b>	9. AGE (last birthday) <b>72</b> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
11. BIRTHPLACE (City and state or country) <b>MARION VIRGINIA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>JEROME BOWLING</b>		13b. MOTHER'S MAIDEN NAME <b>MATILDA RICH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		17. INFORMANT Address <b>Illinois</b> <b>MRS. MARTHA KELLEY, 308 So. E., Monmouth,</b>	
14. SOCIAL SECURITY NO.		16. NAME OF HUSBAND OR WIFE	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PULMONARY EMBOLUS, LEFT</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>THROMBOPHLEBITIS, LEFT LEG</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>BILATERAL APICAL TBC, HEALED (1 YR)</b> <b>PNEUMONOCOINOSIS, PROSTATIC &amp; BLADDER HYPERTROPHIC PYELONEPHRITIS,</b> <b>HIATUS HERNIA, DIVERTICULI COLI MULTINODULAR COLICID GOITRE, CVA-OLD, BT</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 20. ACCIDENT SUICIDE HOMICIDE 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>VA 1-29-62 to 5-28-62</b> 21. attended the deceased from <b>1-29-62</b> to <b>5-28-62</b> and last saw him alive on <b>5-28-62</b> Death occurred at <b>12:55 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE <b>John J. Mueller</b> (Degree or title) 22b. ADDRESS <b>M.D. VA HOSP. JEFF. BRKS. MO.</b> 22c. DATE SIGNED <b>5-28-62</b> 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b> 23b. DATE <b>5/29/62</b> 23c. NAME OF CEMETERY OR CREMATORY <b>Monmouth, Ill</b> 23d. LOCATION (City, town, or county) (State) <b>Monmouth, Illinois</b> 24. FUNERAL DIRECTOR ADDRESS <b>Edward Fendler 5611 South Grand Blvd.</b> 25. DATE RECD. BY LOCAL REG. <b>5-29-62</b> 26. REGISTRAR'S SIGNATURE <b>John B. Murphy</b>			

JUN 12 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lee J. Brown

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.